

General

Title

Schizophrenia: percent of patients with severe symptoms or side effects and no recent medication treatment change to address these problems.

Source(s)

Young AS, Sullivan G, Burnam MA, Brook RH. Measuring the quality of outpatient treatment for schizophrenia. Arch Gen Psychiatry. 1998 Jul;55(7):611-7. [PubMed](#)

Measure Domain

Primary Measure Domain

Process

The validity of measures depends on how they are built. By examining the key building blocks of a measure, you can assess its validity for your purpose. For more information, visit the [Measure Validity](#) page.

Secondary Measure Domain

Does not apply to this measure

Brief Abstract

Description

This measure is used to assess the percent of patients who have severe symptoms or side effects and no change in medication treatment change to address these problems.

Rationale

Schizophrenia is a chronic, disabling brain disorder that occurs in about 1% of the population. It accounts for more than 10% of all disabled people in the United States (U.S.) and 2.5% of all U.S. healthcare expenditures. The cost due to society of schizophrenia is enormous (more than \$20 billion/year in the U.S. alone). The quality of care for schizophrenia is frequently poor. There is a critical need for measures of important domains of treatment process for this disorder.

Appropriate medication management reduces symptoms, relapse and rehospitalization and can improve functioning and quality of life.

Primary Clinical Component

Schizophrenia; psychotic symptoms; antipsychotic medication side effects (akathisia, parkinsonism, tardive dyskinesia); medication management

Denominator Description

The number of patients with schizophrenia in the sample (see the related "Denominator Inclusions/Exclusions" field)

Numerator Description

The number of patients in the denominator with severe symptoms or side effects and no recent medication treatment change to address these problems (see the related "Numerator Inclusions/Exclusions" field in the Complete Summary).

Evidence Supporting the Measure

Evidence Supporting the Criterion of Quality

A clinical practice guideline or other peer-reviewed synthesis of the clinical evidence

A formal consensus procedure involving experts in relevant clinical, methodological, and organizational sciences

A systematic review of the clinical literature

One or more research studies published in a National Library of Medicine (NLM) indexed, peer-reviewed journal

Evidence Supporting Need for the Measure

Need for the Measure

Overall poor quality for the performance measured

Variation in quality for the performance measured

Evidence Supporting Need for the Measure

Lehman AF, Steinwachs DM. Patterns of usual care for schizophrenia: initial results from the Schizophrenia Patient Outcomes Research Team (PORT) Client Survey. Schizophr Bull. 1998;24(1):11-20; discussion 20-32. [PubMed](#)

Lehman AF. Quality of care in mental health: the case of schizophrenia. Health Aff (Millwood). 1999 Sep-Oct;18(5):52-65. [PubMed](#)

State of Use of the Measure

State of Use

Current routine use

Current Use

Internal quality improvement

Application of Measure in its Current Use

Care Setting

Ambulatory Care

Behavioral Health Care

Professionals Responsible for Health Care

Physicians

Lowest Level of Health Care Delivery Addressed

Single Health Care Delivery Organizations

Target Population Age

Age greater than or equal to 18 years

Target Population Gender

Either male or female

Stratification by Vulnerable Populations

Unspecified

Characteristics of the Primary Clinical Component

Incidence/Prevalence

Schizophrenia occurs in about 1% of the population.

Evidence for Incidence/Prevalence

Young AS. Personal communication: NQMC submission form. 2002 Dec 27. 3 p.

Association with Vulnerable Populations

Unspecified

Burden of Illness

Schizophrenia is a chronic, disabling brain disorder that accounts for more than 10% of all disabled people in the United States (U.S.).

Evidence for Burden of Illness

Young AS. Personal communication: NQMC submission form. 2002 Dec 27. 3 p.

Utilization

Unspecified

Costs

Schizophrenia accounts for 2.5% of all United States (U.S.) healthcare expenditures. The cost due to society of schizophrenia is enormous (more than \$20 billion/year in the U.S. alone).

Evidence for Costs

Young AS. Personal communication: NQMC submission form. 2002 Dec 27. 3 p.

Institute of Medicine (IOM) Healthcare Quality Report Categories

IOM Care Need

Living with Illness

IOM Domain

Effectiveness

Data Collection for the Measure

Case Finding

Users of care only

Description of Case Finding

Adult patients greater than or equal to 18 years with the diagnosis of schizophrenia or schizoaffective disorder who had been in treatment for at least 3 months

Denominator Inclusions/Exclusions

Inclusions

Eligible patients include adults greater than or equal to 18 years with the diagnosis of schizophrenia or schizoaffective disorder who had been in treatment for at least 3 months and who had at least 1 visit with a psychiatrist during the previous 3 months

Exclusions

Patients with more than 21 days in the hospital during the previous 3 months

Relationship of Denominator to Numerator

All cases in the denominator are equally eligible to appear in the numerator

Denominator (Index) Event

Clinical Condition

Diagnostic Evaluation

Denominator Time Window

Time window precedes index event

Numerator Inclusions/Exclusions

Inclusions

Poor-quality medication management is defined as either poor-quality symptom management* or poor-quality side effects management.**

**Poor-quality symptom management:*

Patients with significant psychotic symptoms⁺ and no change in antipsychotic medication dosage or a switch to a different antipsychotic medication within 3 months, and not been offered treatment with clozapine (a medication with greater efficacy)

⁺Patients are defined as having significant psychotic symptoms if Brief Psychiatric Rating Scale ratings are "severe" or greater for hallucinations or suspiciousness, or "moderately severe" or greater for unusual thought content or conceptual disorganization.

***Poor-quality side effects management:*

Patients with significant akathisia⁺⁺ or parkinsonism⁺⁺ and no reduction in the dose of antipsychotic medication, switch to a different antipsychotic medication, or change in anti-side-effect medication

within 1 month, and not been offered treatment with clozapine or risperidone (medications with fewer side effects)

Patients with significant tardive dyskinesia (TD)⁺⁺ and no reduction in the dose of antipsychotic medication within 3 months, and not been offered treatment with clozapine (a medication that causes no TD)

⁺⁺Patients are defined as having significant akathisia if they meet Barnes criteria for moderate, marked, or severe akathisia; significant parkinsonism if they respond "a great deal" to items regarding muscle stiffness or slowing of movements; and significant tardive dyskinesia if their Abnormal Involuntary Movement Scale ratings meet criteria described by Schooler and Kane (Schooler NR, Kane JM. Research diagnoses for tardive dyskinesia. Arch Gen Psychiatry 1982 Apr;39[4]:486-7).

Exclusions

Unspecified

Measure Results Under Control of Health Care Professionals, Organizations and/or Policymakers

The measure results are somewhat or substantially under the control of the health care professionals, organizations and/or policymakers to whom the measure applies.

Numerator Time Window

Fixed time period

Data Source

Medical record

Patient survey

Pharmacy data

Level of Determination of Quality

Individual Case

Pre-existing Instrument Used

Structured Clinical Interview for the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV), Patient Edition

Brief Psychiatric Rating Scale

Barnes scale

Liverpool University Neuroleptic Side Effect Rating Scale

Abnormal Involuntary Movement Scale

Computation of the Measure

Scoring

Rate

Interpretation of Score

Better quality is associated with a lower score

Allowance for Patient Factors

Unspecified

Standard of Comparison

Internal time comparison

Evaluation of Measure Properties

Extent of Measure Testing

The measure has been pilot tested in 2 institutions for more than 1 year.

Evidence for Reliability/Validity Testing

Young AS, Sullivan G, Burnam MA, Brook RH. Measuring the quality of outpatient treatment for schizophrenia. Arch Gen Psychiatry. 1998 Jul;55(7):611-7. [PubMed](#)

Identifying Information

Original Title

Poor Quality Medication Treatment: the appropriateness of medication management.

Measure Collection Name

Method for Assessing Quality in Schizophrenia (MAQS)

Submitter

Young, Alexander S., MD, MSHS; Veterans Administration Desert Pacific Mental Illness Research, Education and Clinical Center (MIRECC); and University of California Los Angeles - None

Developer

Young, Alexander S., MD, MSHS; Veterans Administration Desert Pacific Mental Illness Research, Education and Clinical Center (MIRECC); and University of California Los Angeles - None

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Composition of the Group that Developed the Measure

Alexander S. Young, MD, MSHS, UCLA, Los Angeles California, and the Department of Veterans Affairs, Los Angeles, California; Greer Sullivan, MD, MSPH, Department of Veterans Affairs, Little Rock, Arkansas, and the University of Arkansas for Medical Science, Little Rock, Arkansas; M. Audrey Burnam, PhD, The RAND Corporation, Santa Monica, California

Financial Disclosures/Other Potential Conflicts of Interest

None

Adaptation

Measure was not adapted from another source.

Release Date

1997 Sep

Measure Status

This is the current release of the measure.

Source(s)

Young AS, Sullivan G, Burnam MA, Brook RH. Measuring the quality of outpatient treatment for schizophrenia. Arch Gen Psychiatry. 1998 Jul;55(7):611-7. [PubMed](#)

Measure Availability

The individual measure, "Poor Quality Medication Treatment: the Appropriateness of Medication Management," is published in "Measuring the Quality of Outpatient Treatment for Schizophrenia."

For further information, contact: Alexander Young, M.D., M.S.H.S., West Los Angeles VA Healthcare Center, VISN 22 MIRECC, 11301 Wilshire Blvd. (210A), Los Angeles, CA 90073; Phone: 310-268-3647.

NQMC Status

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